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#5 7-601
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventors: Manbeck

Atty Docket: 1748/109

Serial No: 09/729,667

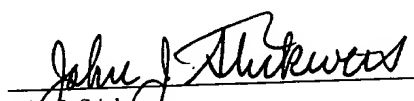
Date: March 1, 2001

Filed: December 4, 2000

Invention: System and Method for Identifying Inconsistencies in Duplicate Digital Videos

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited on March 1, 2001 with the United States Postal Service as first class mail in an envelope addressed to Application Processing Division, Customer Correction Branch, Commissioner for Patents, Washington, DC 20231.


John J. Stickevers

Commissioner for Patents
Office of Initial Patent Examination
Customer Service Center
Washington, DC 20231

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REQUEST FOR CORRECTED FILING RECEIPT

Dear Sir:

The application filed on December 4, 2001 inadvertently listed co-inventors for this application. This application should have had only one inventor listed, Kevin Manbeck. Please delete the names of Chengda Yang, Donald Geman and Stuart Geman as co-inventors on this application.

Applicant kindly requests that the filing receipt be amended accordingly. Thank you.

Respectfully submitted,


JOHN J. STICKEVERS
Registration No. 39,387
Customer No. 002101
BROMBERG & SUNSTEIN
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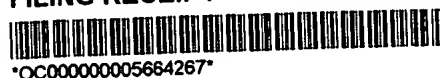
APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/729,667	12/04/2000	2652	0.00	1748/109	3	71	4

CONFIRMATION NO. 6386

002101

 BROMBERG & SUNSTEIN LLP
 125 SUMMER STREET
 BOSTON, MA 02110-1618

FILING RECEIPT



OC000000005664267

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Date Mailed: 01/26/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)
 Kevin Manbeck, Cranston, RI;
~~Chengda Yang, Auburndale, MA;~~
~~Donald Geman, Amherst, MA;~~
~~Stuart Geman, Providence, RI;~~
*Please delete.***Continuing Data as Claimed by Applicant**
 THIS APPLN CLAIMS BENEFIT OF 60/168,927 12/03/1999
 AND CLAIMS BENEFIT OF 60/194,250 04/03/2000
Foreign Applications

If Required, Foreign Filing License Granted 01/09/2001

Projected Publication Date: To Be Determined - pending completion of Missing Parts

Non-Publication Request: No

Early Publication Request: No

Title

System and method for identifying inconsistencies in duplicate digital videos

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Bib Data Sheet

CONFIRMATION NO. 6386

SERIAL NUMBER 09/729,667	FILING DATE 12/04/2000 RULE	CLASS 360	GROUP ART UNIT 2652	ATTORNEY DOCKET NO. 1748/109	
APPLICANTS Kevin Manbeck, Cranston, RI;					
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/168,927 12/03/1999 AND CLAIMS BENEFIT OF 60/194,250 04/03/2000					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/09/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY RI	SHEETS DRAWING 3	TOTAL CLAIMS 71	INDEPENDENT CLAIMS 4
ADDRESS 002101					
TITLE System and method for identifying inconsistencies in duplicate digital videos					
FILING FEE RECEIVED 1838	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		